

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UN	ATTORNEY DOCKET NO.
09/288,344	04/08/99	435	1632	P-PM-3474

APPLICANT

ERNEST G. SEIDMAN, COTE ST. LUC, CANADA; YVES THEORET, MONTREAL, CANADA.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/101,714 09/24/98

****371 (NAT'L STAGE) DATA*******

VERIFIED

Interference File

Class

Subclass

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/20/99 ** SMALL ENTITY **

Foreign Priority claimed ☐ yes ☐ no
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

STATE OR
COUNTRY
CAX

SHEETS
DRAWING
3

TOTAL
CLAIMS
34

INDEPENDENT
CLAIMS
4

Verified and Acknowledged
Examiner's Initials Initials

ADDRESS

CAMPBELL & FLORES LLP
SUITE 700
4370 LA JOLLA VILLAGE DRIVE
SAN DIEGO CA 92122

TITLE

METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF
IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS

FILING FEE
RECEIVED

\$610

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR
UNITED STATES PATENT AND TRADEMARK
WASHINGTON, D.C.
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9

SERIAL NUMBER 09/288,344	FILING DATE 04/08/1999 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCT NO. P-PM-3474
-----------------------------	---------------------------------------	--------------	------------------------	-----------------------------------

APPLICANTS

ERNEST G. SEIDMAN, COTE ST. LUC, CANADA;

YVES THEORET, MONTREAL, CANADA;

CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/101,714 09/24/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/20/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIM 4
--	--	-------------------------------	------------------------	-----------------------	---------------------------

ADDRESS

23601
CAMPBELL & FLORES LLP
4370 LA JOLLA VILLAGE DRIVE
7TH FLOOR
SAN DIEGO, CA
92122

TITLE

METHOD OF TREATING IBD/CROHN'S DISEASE AND RELATED CONDITIONS WHEREIN DRUG METABOLITE LEVEL
IN HOST BLOOD CELLS DETERMINE SUBSEQUENT DOSAGE

FILING FEE RECEIVED 1329	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	--

